



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WASTE MANAGEMENT PROGRAM
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

SEND TO

MISSOURI DEPARTMENT OF NATURAL RESOURCES, WASTE MANAGEMENT PROGRAM
P.O. BOX 176, JEFFERSON CITY, MO 65102

FOR OFFICIAL USE ONLY

COMMENTS

C
C

INSTALLATION'S EPA ID NUMBER

APPROVED

DATE RECEIVED
YR. MO. DAY

C
F

MOD985773662

T/A C
1

510
ST LOUIS

I. NAME OF INSTALLATION

C O N T I N E N T A L C E M E N T C O M P A N Y , I N C .

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX NUMBER

C
3

21 BROOKLYN

CITY OR TOWN

STATE

ZIP CODE

C
4

ST LOUIS

MO

63102

III. LOCATION OF INSTALLATION

STREET AND NUMBER

C
5

21 BROOKLYN

CITY OR TOWN

STATE

ZIP CODE

C
6

ST LOUIS

MO

63102

IV. INSTALLATION CONTACT

NAME AND TITLE (LAST, FIRST, AND JOB TITLE)

TELEPHONE NUMBER

C
2

ESTES, RICHARD MGR.

314 231 3149

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP (ENTER CODE)

C
R

C O N T I N E N T A L C E M E N T

P

IV. TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN THE APPROPRIATE BOXES. REFER TO INSTRUCTIONS)

A. HAZARDOUS WASTE ACTIVITY

B. USED OIL FUEL ACTIVITIES

- ☒ 1a. GENERATOR
☐ 2. TRANSPORTER
☐ 3. TREATMENT/ST
☐ 4. UNDERGROU
☐ 5. MARKET OR
☐ A. GENER
☐ B. OTHER

☐ 1b. LESS THAN 1,000 KG./MO.

- ☐ 6. OFF-SPECIFICATION USED OIL FUEL
(enter 'X' & mark appropriate boxes below)

- ☐ a. GENERATOR MARKETING TO BURNER
☐ b. OTHER MARKETER
☐ c. BURNER

- ☒ 7. SPECIFICATION USED OIL FUEL MARKETER (OR ON-SITE BURNER)
WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION



RCRA RECORDS

boxes below)

BURNER

VII. WASTE FUEL BURNING: TYPE OF COMBUSTION DEVICE

(Enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices)

- ☐ A. UTILITY BOILER ☐ B. INDUSTRIAL BOILER ☐ C. INDUSTRIAL FURNACE

VIII. MODE OF TRANSPORTATION (TRANSPORTERS ONLY-ENTER 'X' IN THE APPROPRIATE BOX(ES))

- ☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (SPECIFY)

IX. FIRST OR SUBSEQUENT NOTIFICATION

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. FIRST NOTIFICATION ☐ B. SUBSEQUENT NOTIFICATION (COMPLETE ITEM C)

C. INSTALLATION'S EPA I.D. NUMBER

X. DESCRIPTION OF HAZARDOUS WASTE

A. Wastes from Nonspecific Sources (F-List). Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C.

WASTE I.D. NO.

D 0 0 1

AMOUNT AND
FREQUENCY

65 lbs.

B

lbs.

lbs.

lbs.

B. Wastes from Specific Sources (K-List). Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

WASTE I.D. NO.

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

C. Commercial Chemical Product Wastes (W and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

WASTE I.D. NO.

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

D. (Reserved)

E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequency code A, B, or C.

AMOUNT AND
FREQUENCY

X

1. IGNITABLE
(D001)

65 lbs.

B

2. CORROSIVE
(D002)

lbs.

3. REACTIVE
(D003)

lbs.

AMOUNT AND
FREQUENCY

4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.

lbs.

lbs.

lbs.

lbs.

MISSOURI REQUIRED INFORMATION

MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)

PRINCIPAL BUSINESS ACTIVITY Distribution of Portland Cement

S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)

3 2 4 1

CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY



XI. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Frank C. Stevens

NAME AND OFFICIAL TITLE (TYPE OR PRINT)

Frank C. Stevens
President

DATE

June 27, 1990